

2015 Fall Youth Volleyball Clinic Registration Form



Grades 4-8

Deadline: Wednesday Sept. 2, 2015 @ 5:00pm.

Clinic sessions will be on Saturday mornings from 9:30am to approximately 11:00am beginning Sept. 5th – Oct. 17th.

Please complete form and return to:
305 South Dogwood Drive, Harrisonburg, VA 22801.

Forms can also be faxed to (540) 433-9169.

Attn: Erik Dart

For more information please call (540) 433-9168.

Player's Name _____ Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ Gender _____ Birth date ____/____/____

School _____

Family Email _____

Special Health Needs _____

Emergency Contact _____

Emergency Contact Phone Number _____

Mother's Name _____ Home Phone _____

Employer _____ Work Phone _____

Father's Name _____ Home Phone _____

Employer _____ Work Phone _____

Waiver Agreement

I hereby certify that my child is in normal health and capable of safe participation in the 2015 Recreation Volleyball Program. I assume all responsibilities in case of an accident at the facility. I hereby authorize the Harrisonburg Parks and Recreation to obtain medical treatment for my child in the event that parents and the emergency contact provided cannot be reached.

I support the Harrisonburg Parks and Recreation's philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play and volunteer leadership.

Signature _____ Date _____